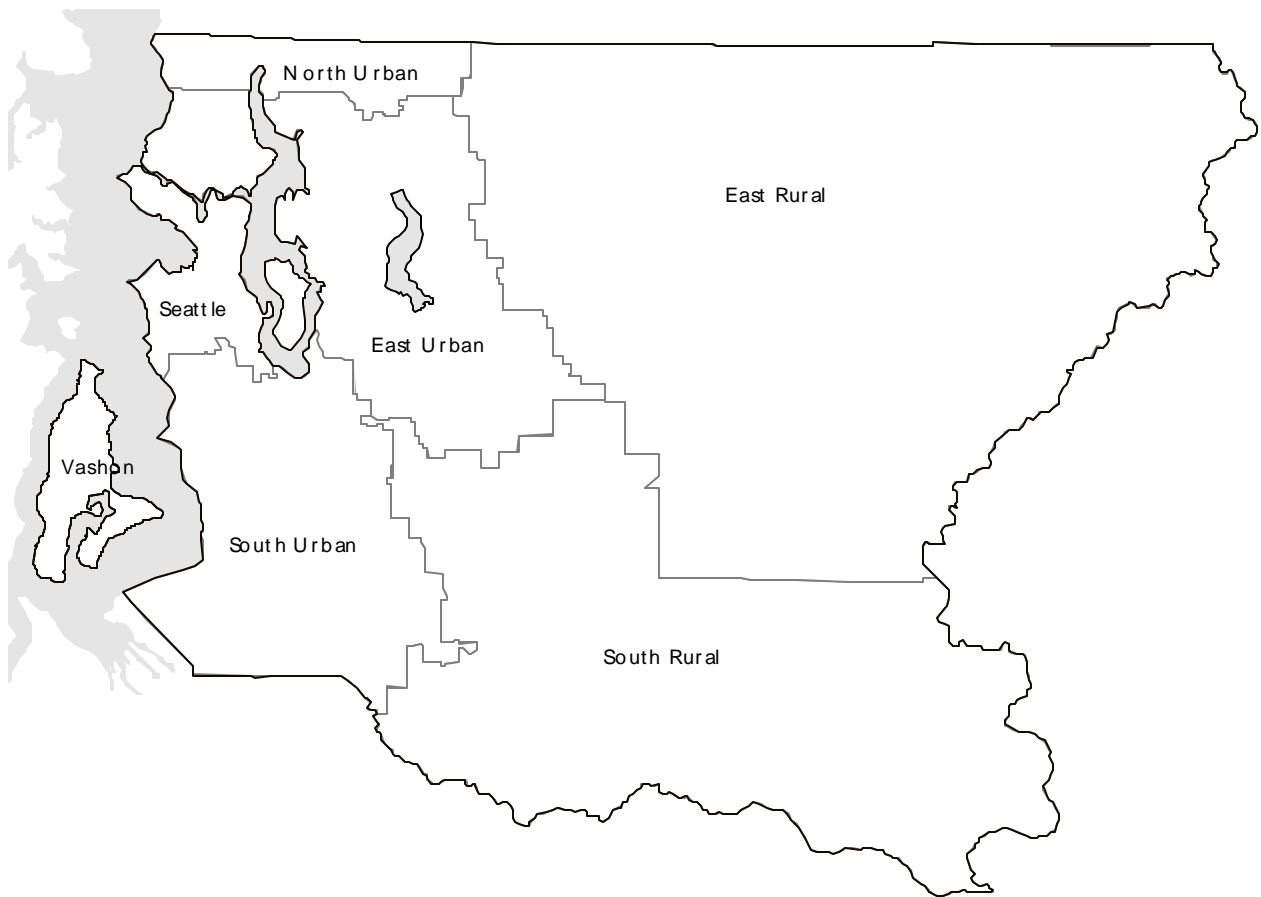


APPENDIX E: Strategic Plan Subregional Summary



Department of Community and Human Services
Community Services Division

Strategic Plan Subregional Summary



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Prepared by:

King County Community Services Division
821 Second Avenue
Suite 500
Seattle, WA 98104

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Appendix A List of Subregional Reports

Appendix B Subregions: Definitions by School Districts and Population by Subregion

Appendix C Priorities by Subregion

Introduction

Purpose of this Report

Since February 1997 when the Metropolitan King County Council approved the Community Services Division (CSD) Strategic Plan, subregional planning has been conducted throughout all seven subregions in this county. The purpose of this report is to summarize the findings from the three-year subregional planning effort and to provide a regional view of community needs and priorities. Subregional differences and similarities will be highlighted.

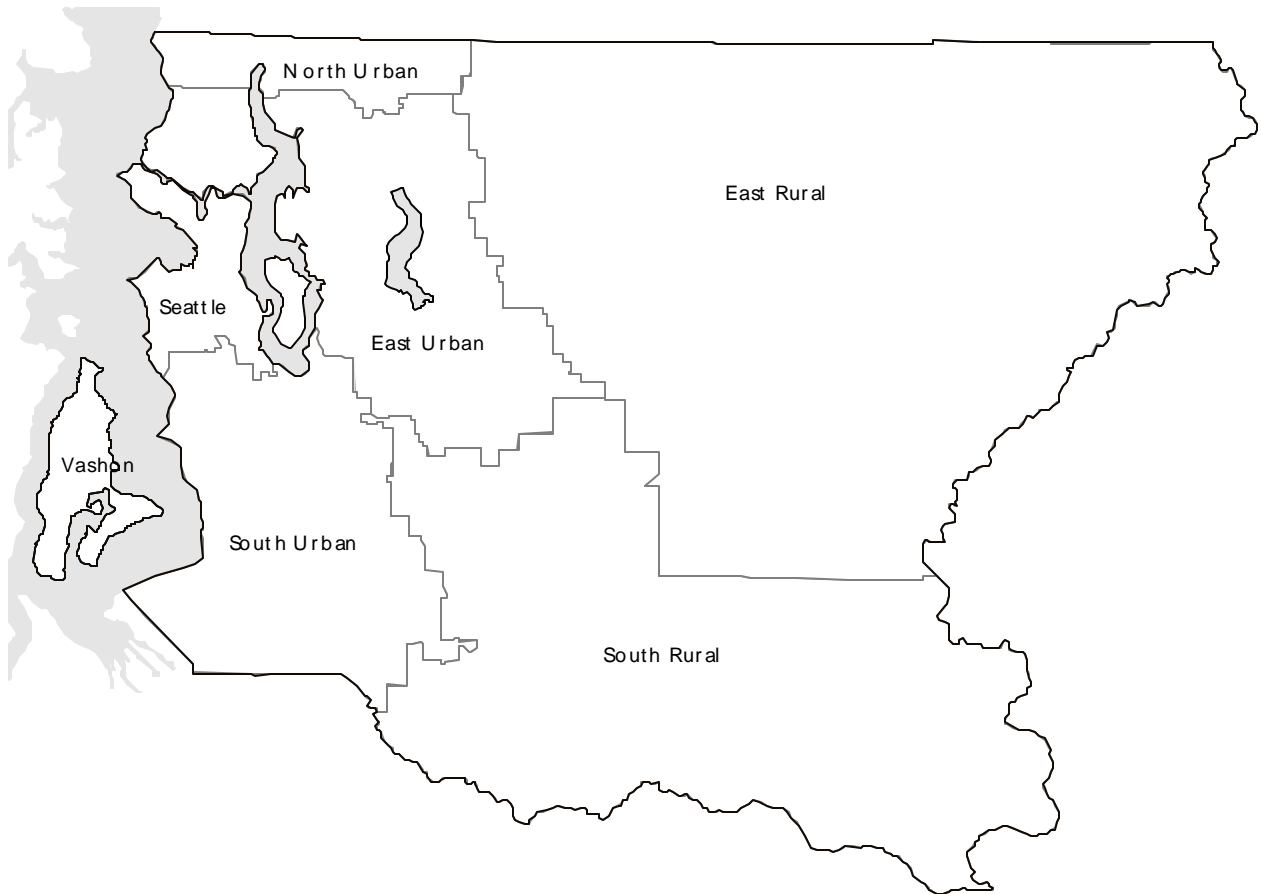
Reports were written upon completion of each subregion's planning process. The specific methodologies and findings can be found in these reports, which are listed in Appendix A.

Subregions Defined

The first step in subregional planning was to define the subregions within the County. CSD sought input from stakeholders and arrived at seven subregions based on school districts.

Three Rural subregions were identified: South, Vashon and East Rural. The urban subregions were: East, Seattle, North and South Urban. United Way also adopted our subregions for their planning purposes but collapsed the rural subregions into the urban subregions. The population and school districts for each subregion can be found in Appendix B. The map on the next page shows the seven subregions.

CSD's Seven Subregions



Partnerships Formed

One of the goals and guiding principles of the Strategic Plan was to “improve CSD’s partnership with other jurisdictions, other County departments, and other human service funders.” The subregional planning process provided CSD with an excellent opportunity to get agreement on service priorities and to improve coordination of service delivery. During the process CSD staff met with other funders, service providers, other County departments as well as seeking input from the community.

The **East Urban** subregion was the pilot subregion. The workgroup consisted of city planners and representatives from Partners for a Healthy Community, Washington State Department of Social and Human Services, Eastside Human Services Alliance, Mideast Health and Safety Network and United Way of King County.

The rural subregional planning process involved all three rural subregions (**East Rural**, **South Rural**, and **Vashon Island**) at one time. It was unique in that the leadership consisted only of CSD and United Way staff because rural cities had limited planning staff. However, city officials, service providers and citizens were involved as key informants and participants in the

planning process. The lack of city planning staff did have the benefit of improving the exchange of information among CSD programs and the inclusion of other departments in the County to the process, i.e., Transportation, Parks and Public Health.

The **North Urban** planning effort was a collaborative effort between the members of the North Urban Human Services Alliance (NUHSA), United Way of King County and CSD. The work group consisted of city planners and representatives from Washington State Department of Social and Human Services, King County Housing Authority, human service providers and the Health and Safety Network.

The **South Urban** planning effort was conducted by a sub-committee of the South Urban Human Services Planners group which included city planners, United Way of King County, Washington State Department of Social and Human Services, South King County Community Network and the King County Housing Authority.

The **Seattle** planning effort was unique in that it was built on work already conducted by the City of Seattle. CSD staff reviewed existing needs assessments to identify regional needs of the subregion. Meetings were held with the City of Seattle, United Way, the Public Health and Safety Network and other organizations. No phone survey was conducted in this subregion.

Process Involved

Each subregion followed a similar process in developing it's plan.

1. CSD staff would first identify a social service planning group in the subregion with which CSD could collaborate. Usually United Way was a partner in approaching these groups. Only in the rural subregions did CSD and United Way have to create a work team that did not previously exist.
2. The work teams first task would be to review current needs assessments and planning documents to establish what was known about the subregion's human service needs and priorities.
3. A telephone survey was then conducted (except in Seattle) to fill in knowledge gaps and to provide comparative information across subregions.
4. The survey was followed by a combination of community/provider meetings and key informant interviews to comment on the findings and suggest possible strategies.

Please refer to individual subregional reports for more information on the planning processes.

New Collaborations Occur

The goal of the planning process was to identify strengths, needs, priorities and strategies to address those needs. Along the way, opportunities arose where needs of the subregion could be addressed quickly without requiring extensive planning. For instance, in the rural subregions it became evident that the residents were not fully aware of services provided by the County. Three community meetings were held where CSD staff from several programs

(WSU Cooperative Extension King County 4-H, Women's Program, Childcare Program and Housing Finance Program) and representatives from the King County Departments of Public Health, Parks and Transportation attended. These representatives came to answer questions and inform the residents of the various programs in the County and how they could address the residents' needs.

These presentations gave the community a unique opportunity to meet directly with the staff. In many cases, CSD staff met with community members at subsequent meetings to further inform residents of the services in CSD and to learn how they can better meet the needs of the subregion. This also gave staff an opportunity to hear from community members they may not have met before. Other immediate benefits were the placement of a satellite office for DSHS in Enumclaw and the sharing of information regarding a Metro bus serving Enumclaw and the Kent DSHS office.

Five Goal Areas Adapted by King County

At the time CSD's Strategic Plan was written Four Issue Areas were identified:

- ◆ Increasing Family Stability
- ◆ Promoting Youth Success
- ◆ Strengthening Communities
- ◆ Reducing Community Violence.

In 1997, a framework developed by United Way in the form of Community Goals was created and subsequently adopted by King County. These five community goals are:

- ◆ Food to Eat and a Roof Overhead
- ◆ Supportive Relationships within Families, Neighborhoods, and Communities
- ◆ Education and Job Skills to Lead an Independent Life
- ◆ Safe Haven from All Forms of Violence
- ◆ Health Care to be as Physically and Mentally Fit as Possible

These goals were also adopted by other municipalities in King County. It was anticipated that with common subregions and goals in place, planning, data collection and evaluation would be greatly simplified.

Emerging Human Services Policies for King County Government

CSD began its planning process with policy guidance for only a few of its programs. In the fall of 1999, the County Council identified the need for a human services policy framework, and requested, through a proviso to the budget, that one be developed. Since the development of the *King County Framework Policies for Human Services* in August, 1999, we now have general guidance for all human services in the County.

The subregional planning effort was integrated into the *Framework Policies*. Every three years, the King County Council requires from the Executive a Human Services Recommendations Report, which will be prepared with stakeholder input and citizen oversight. This report will use the existing work of the subregional plans.

Needs Identified Beyond the Scope of CSD

During the subregional planning processes certain themes emerged for needs not traditionally considered human services. Among the top-ten need areas from the phone surveys were:

- ◆ Traffic/Congestion
- ◆ Overpopulation/Growth.

Lack of affordable housing was another of the top-three community problems across the county. CSD's Housing and Community Development program plays an active role in developing low-income housing. However, lack of housing as it relates to middle income residents is beyond HCD's scope and is more the purview of private initiative and other governmental bodies.

Also, all subregions identified the need for medical, dental and/or mental health services for rural and urban residents. At this time, the North Urban subregion is convening a meeting to discuss how to get more dental service providers to service the low-income residents in their subregion.

Some of the priorities did not neatly fit into one of the five community goal areas. For instance, in the North Urban subregion, access to services and adequacy of funding were priorities overarching all five goal areas. Regarding obstacles to accessing services, residents identified both the lack of transportation and a need to decrease language and cultural barriers when providing services.

It is our hope and intent that the additional subregional needs and priorities reported here will inform housing developers, planners, advocates and elected officials who have the power to address these needs in the coming years.

A Profile of King County

To fully comprehend human service needs across the county, it is necessary to understand the context in which they occur. The reader can consult the subregional profiles in the reports referenced in Appendix A to more fully understand the unique situations in each subregion. Presented here is the more global, countywide perspective.¹

King County's Population Grows Slowly

The Washington State Office of Financial Management estimates the countywide population at about 1,677,000 in April, 1999 – up less than one percent since 1998. This number has increased 11 % since 1990, or about 1.2 % per year. East King County population (East Urban and East Rural) grew, in percentage terms, more than any other subregion between 1980 and 1998, expanding from 230,000 to over 374,000, an increase of 57%. Over the last several years the highest growth rate has been in the rural cities (Black Diamond, Enumclaw, Carnation, Duvall, Snoqualmie, and North Bend).

Racial/Ethnic Diversity Grows

King County, as a whole, is becoming more diverse. Between 1990 and 1998, it is estimated that people of color increased from 16.7% to 20% of the King County population. And by 2003, people of color are expected to constitute nearly one-fourth of the population. All racial groups showed increases over the last eight-year span but Asians/Pacific Islanders increased the most (45.2%) so that they now represent over 10% of the King County population. African Americans are now 5.3% of the King County population, having increased their population to 88,993 by 1998. The Hispanic/Latino population (a cultural, not a racial group) increased during the same time by 30.2% and now represents 3.5% of the county's population. Native Americans remain a small part of the King County population (1.1%), despite a 2,365 person increase since 1990. Seattle is the subregion with the highest percentage of people of color (31% in 1998).

A Mixture of Urban and Rural Communities

King County is becoming increasingly urban but still has a significant population living in rural areas. In 1989, unincorporated King County had 590,000 people and the 28 suburban cities together had about 350,000. In the succeeding ten years, ten new cities have formed with more than 250,000 people. Other cities have annexed about 70,000 of the existing population. Still, much of the population lives outside the Urban Growth Boundary with approximately 100,000 people living in the rural areas of King County.

¹ The two primary information sources for the profile section are [King County's 1999 Annual Growth Report](#) and United Way's [Health and Human Services Community Assessment](#), October 15, 1999.

Housing Prices Are Rising

Average housing sales prices increased 8 % to \$241,700 in 1998 an increase of 16% or \$30,000 since 1995. The median household income has risen only about 5% during that time. As a result, the affordability gap has widened considerably since 1995. The eastside average sales price was highest at almost \$270,000 and the south county was most affordable at \$156,000.

Traffic Congestion Is Worsening

According to the Federal Highway Administration, Seattle traffic ranks between fourth and eighth most congested in the nation. Congestion is worsening as more vehicles are driven more miles. In the 1980's, vehicle miles traveled (VMT) grew almost four times as fast as the population due to rapid job growth, more two-worker households, and increases in non-work related trips.

Income Is Going Up But Poverty Rates Increase for Most Ethnic Groups

Real wages per worker rose 24% from 1994 to 1998. This brings real wages in King County well above their highest level during the past twenty years. King County personal income exceeded the nationwide average income by 46% in 1997. However, the most recent census data (1990) shows there was an increase in the percentage of people living in poverty for all ethnic groups, except whites. The highest rates of poverty are among Native Americans and African Americans, where one-third of the people live in poverty.

High School Graduation Rates Dropped Slightly

The overall graduation rate dropped to 78.8% in 1997 after remaining fairly stable at around 84% from 1988 to 1994. In the 1991/1992 school year (the most recent year for which race/ethnic breakdowns are available), the graduation rate for Asian students was 88.7%; for African American students, 73.7%; for Native American students, 76.6%; for White students, 84.7%; and for Hispanic students, 74.5%.

Highlights of Subregional Surveys

As mentioned in the introduction, telephone surveys asking residents to identify the most pressing community problems were conducted in all subregions except Seattle. Table A on the next page summarizes the survey findings across the six subregions surveyed (Seattle was not surveyed). Presented below are some of the highlights of across subregion comparisons on the survey questions.

Housing is the most pressing community problem.

All six subregions surveyed ranked “lack of affordable housing” as one of their top three community problems. It was the top ranking problem in the East Rural, East Urban and Vashon Island subregions. Overall, 51.7% of all respondents listed lack of affordable housing as a major or moderate problem.

Jobs that pay enough is an issue in all subregions, although less so in the East Urban subregion.

All subregions listed the “lack of jobs that pay enough” as a top-ten problem. It is more of a problem in the rural subregions, where between 41% and 42% of the respondents listed it as a major or moderate community problem. The East Urban subregion ranked “lack of jobs that pay enough” lowest (ranked 8th with 29% of respondents stating it was a major or moderate problem).

Traffic congestion is seen as a major problem in the urban subregions but not in the rural subregions.

The North Urban and South Urban subregions ranked “traffic congestion” as the number one community problem. In both cases, the percentage of respondents listing it as a major or moderate problem (76% in North Urban and 69% in South Urban) was at least 12 percentage points higher than for the second ranked problem. This quite likely would also have been a highly ranked problem in the East Urban subregion but the issue was not added to the survey’s problem list until after the East Urban survey was completed. In fact, it was the East Urban respondents’ frequent mention of “traffic congestion” on the open-ended questions that prompted its addition to the subsequent surveys. The rural subregions did not rank traffic congestion as a top-ten problem. Only 3% of the Vashon Island respondents, 8% of the East Rural respondents, and 22% of the South Rural respondents saw it as a major or moderate problem.

Inadequate public transportation is a frequently cited community problem.

“Inadequate public transportation” ranked as a top ten community problem in all but the South Urban subregion. The South Rural subregion ranks it as the second most pressing community problem (39% stated it was a major or moderate problem). In the East Rural, East Urban and North Urban subregions “inadequate public transportation” is the fourth or fifth most pressing problem.

Table A
Community Problem Ratings from Subregional Surveys

SUBREGION	East Rural		East Urban		North Urban		South Rural		South Urban		Vashon Island		Average %
COMMUNITY PROBLEMS	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	
Lack of Affordable Housing	55%	1	52%	1	57%	2	37%	3	45%	3	64%	1	51.7%
Alcoholism	45%	2	40%	2	29%	9	42%	1	34%	9	46%	4	39.3%
Drug Abuse	41%	5	36%	3	31%	8	38%	4	42%	4	47%	3	39.2%
Jobs That Pay Enough	41%	5	29%	8	33%	6	31%	6	41%	5	42%	5	36.2%
Lack of Youth Activities/Svcs	45%	2	26%	9	24%		36%	5	26%		55%	2	35.3%
Inadequate Public Transport.	44%	4	35%	4	36%	5	39%	2	25%		32%	10	35.2%
Affordable Medical Care	40%	8	30%	7	39%	4	26%		36%	8	28%		33.2%
Lack of Parenting Skills	29%		32%	5	28%	10	28%	8	39%	7	27%		30.5%
Traffic/Congestions	8%		n/a		76%	1	22%		69%	1	3%		29.7%
Lack of Affordable Child C.	28%		32%	5	26%		25%		31%	10	34%	8	29.3%
Lack of Rec Facilities/Progs	41%	5	19%		25%		29%	7	25%		33%	9	28.7%
Affordable Dental Care	29%		26%	9	33%	6	23%		29%		27%		27.8%
Domestic Violence	28%		22%		17%		28%	8	29%		35%	7	26.5%
Over Population-Growth	22%		n/a		55%	3	16%		57%	2	6%		26.0%
Teenage Pregnancy	34%	10	25%		21%		27%	10	30%		16%		25.5%
School Drop-Out	35%	9	25%		14%		25%		26%		24%		24.8%
Crime and Violence	18%		22%		18%		24%		41%	5	17%		23.3%
Lack of Money for Basic Svc	31%		18%		16%		20%		22%		23%		21.7%
Lack of Quality Child Care	22%		20%		17%		19%		22%		29%		21.5%
Lack of Affordable Legal Svc	24%		24%		21%		18%		23%		18%		21.3%
Lack of Housing for Seniors	26%		n/a		21%		17%		18%		36%	6	19.7%
Poor Quality Education, K-12	25%		18%		14%		17%		24%		14%		18.7%
Child Neglect	18%		16%		16%		19%		24%		16%		18.2%
Mental Illness or Emotional	18%		15%		17%		14%		23%		18%		17.5%
Youth Violence	19%		n/a		16%		20%		31%	10	12%		16.3%
Lack of Services in Area	30%		n/a		12%		20%		15%		20%		16.2%
Lack of Housing-Disabilities	22%		n/a		13%		14%		18%		27%		15.7%
Lack of Services-Disabilities	19%		19%		12%		10%		12%		20%		15.3%
Physical Abuse of Children	15%		15%		12%		15%		20%		13%		15.0%
Racial/Ethnic Discrimination	13%		18%		11%		17%		14%		16%		14.8%
Unemployment	19%		9%		8%		13%		16%		22%		14.5%
Gang Activities	10%		17%		11%		13%		28%		7%		14.3%
Lack of Services-Seniors	13%		19%		9%		11%		16%		15%		13.8%
Illiteracy	19%		14%		8%		12%		19%		7%		13.2%
Homelessness	12%		11%		8%		11%		18%		12%		12.0%
Youth Suicide	9%		n/a		11%		8%		9%		6%		7.2%

APPENDIX E: Strategic Plan Subregional Summary

Alcoholism and drug abuse are seen as very serious community problems but their ranking varies among subregions.

All the subregions rank “alcoholism” and “drug abuse” as top ten community problems. It is most pressing in Vashon Island and the East Rural subregions where over 40% of the respondents see both as major or moderate problems. They are ranked lowest in the North Urban subregion (31% see “drug abuse” as a major or moderate problem and 29% see “alcoholism” as a major or moderate problem). “Alcoholism” is the number one ranked problem in the South Rural subregion (42%) while “drug abuse” is the third mostly highly ranked problem in the East Urban and Vashon Island subregions.

The rural subregions see lack of youth activities as a more serious problem.

All three rural subregions ranked “lack of youth activities” as a top-five community problem. It was the second highest ranked community problem in the Vashon Island (55%) and East Rural (45%) subregions. For two of the urban subregions, “lack of youth activities” was not ranked as a top-ten problem and was ranked only 9th in the East Urban subregion.

Youth violence is seen as a top-ten problem only in the South Urban subregion.

“Youth violence” was generally seen as a lower level community problem except in the South Urban subregion. In that subregion, “youth violence” tied with lack of affordable child care as the 10th highest ranked problem—31% of the South Urban respondents saw youth violence as a major or moderate community problem. The South Rural subregion was next closest at 20%.

Vashon Island residents are the most satisfied with their community but also report the most problems.

Sixty-eight percent (68%) of the Vashon Island residents agreed that their “community is an excellent place to live.” The subregion with the second highest percentage of residents agreeing with this statement was the East Urban subregion at 51%. Yet, despite the high level of satisfaction, Vashon Island residents were the most likely to see problems with “affordable housing”, “alcoholism”, “drug abuse”, “jobs that pay enough” and “lack of youth activities.” The assumption is that there may be many positive aspects of life on the island that compensate for the perceived problems.

Five Goal Areas

Food to Eat and a Roof Overhead

Highlights

From the phone survey, “lack of affordable housing” was consistently one of the top three issues for each subregion. Overall, it ranked as number one across all subregions. And the housing affordability gap is growing. The average home price has risen 16 % in two years, making it extremely difficult for renting households to purchase a home. Rental vacancy rates are low but vary by subregion.

“Having a job that pays enough” is a top ranking problem across the county. All six surveyed subregions ranked it as one of the top ten community problems. The East Rural, South Urban and Vashon Island subregions all ranked it in the top five. A related problem is a “lack of money for basic services.” Although this did not rank as a top-ten problem in any subregion, on average 21.7% of the people in each subregion thought this was a major or moderate community problem.

Food banks are not accessible. The location, hours and availability of ethnic food reduces accessibility.

Homelessness among youth and victims of domestic violence is a growing concern. Key informants in several subregions expressed this as a major concern, feeling that there weren’t adequate shelter facilities for the demand.

Transportation is a major barrier to accessing basic services. Particularly in the rural areas and for populations that don’t drive (youth and seniors), this can be a barrier to reaching food banks and other services.

Subregional Priorities

Priorities within the goal area of Food to Eat and a Roof Overhead varied among the subregions.

East Urban - Two of the four priorities for this subregion are related to this goal area. The focus within this goal area is housing and related services for special needs residents and basic needs for homeless of all ages.

Rural Subregions – These subregions want to increase availability of affordable housing and related services that will allow current residents and their families to continue to live in their communities.

North Urban – Basic needs, emergency shelter and affordable housing were all priorities for this subregion. Problems identified were the increasingly tight, unaffordable housing market, lack of sufficient subsidized housing and the growing number of homeless people. Also noted was the high rate of usage of the food banks which were considered “at all time highs”.

South Urban – A key issue identified within this goal area was the gap in food bank capacity. Despite the strong economy, services to meet the demand put on food banks is not being met.

Seattle – Affordable Housing and Basic Needs are both priority needs areas within this subregion. Services for homeless youth is a significant regional issue. The current focus is on shelters but a follow-up network to connect youth back to their families or to transitional and permanent housing is also needed.

Subregional Strategies

Each subregion independently devised its own strategies for addressing its priorities. The strategies are presented below.

East Urban – Strategies include improving the emergency shelter and basic needs referral and application process. This is part of a countywide effort to design a model, integrated system of services for homeless families.

Rural Subregions – Through community meetings, residents drafted a list of strategies such as establishing home-sharing in Enumclaw and buying older homes and duplexes to refurbish them for affordable or transitional housing in the Black Diamond, Maple Valley, Hobart and Ravensdale area.

North Urban – Strategies include expansion of food bank services (locations and hours) and implementing a hot meal program. Lack of affordable housing would be addressed by convening developers, County, non-profits, cities, and churches to develop a strategy.

South Urban – One objective to address the gap in food bank capacity include working with planners to convene all food banks and food distributors in order to establish common procedures and practices. The other objective is to increase the capacity of food banks that are stretched to the limit by offering incentives for collaborative efforts.

Seattle – Strategies include focusing efforts on domestic violence-related homelessness and to strengthen the transition to stable permanent housing by expanding case management, supportive services and alternative shelter options for homeless people, especially families with children, victims of domestic violence, youth and limited English speaking persons.

Supportive Relationships within Families, Communities and Neighborhoods

Highlights

Three community problems that relate to supportive relationships were rated within the top ten. These are “lack of youth activities/services” (average of 35.3% said it was a major or moderate problem across subregions), “lack of parenting skills” (30.5%), and “lack of affordable child care” (29.3%).

Residents of rural areas saw “lack of youth activities/services” as a more pressing community problem. It was the second highest ranking problem in the East Rural and Vashon Island subregions, and ranked fifth in the South Rural. Only one urban subregion ranked this as a top ten problem; East Urban ranked it 9th.

“Lack of parenting skills” was perceived as a more pressing problem in the urban subregions. Thirty-nine percent of the South Urban residents saw this as a major or moderate community problem and 32% in the East Urban subregion agreed. Rural subregions weren’t that far behind with over 20% of the residents in all three subregions considering “lack of parenting skills” to be a pressing problem.

“Lack of recreational facilities and programs” also ranked quite highly in the rural subregions. It ranked as the fifth most pressing community problem in the East Rural subregion (41% stated it was a major or moderate problem), seventh in the South Rural (29%), and ninth in Vashon Island (33%). As with “lack of youth activities,” this was not seen as a top community problem in any of the urban subregions.

“Teen pregnancy” is seen as a top ten problem in two of the rural subregions. Both East Rural and South Rural ranked it tenth.

Other community problems relating to Supportive Relationships ranked lower. These were: “lack of quality child care” (overall ranked 19th), “child neglect” (23rd), “racial/ethnic discrimination” (30th), and “youth suicide” (36th).

Subregional Priorities

Improving access to services was a frequent priority among the subregions.

East Urban – This subregion’s priority is to strengthen families, including reduction of family dysfunction and support for youth. Availability of non-traditional child care was discussed within the area of employment.

Rural Subregions – Transportation and lack of youth activities were both priorities. Increasing availability of prevention services and activities that promote positive life choices for youth was another priority in this goal area. A third priority was increasing access to jobs and services within rural communities and improving access of individuals to jobs and services that are outside of the rural communities.

North Urban – Youth services, child care, family support services and elderly services were all priorities.

South Urban – Lack of quality, affordable, accessible child care that is culturally relevant was identified as the main priority within this goal area.

Seattle – Access to services, aging programs, child care, youth and family services were all priorities within this goal area.

Subregional Strategies

East Urban – Expanding prevention efforts in support of youth and families was a top priority for the East Urban subregion.

Rural Subregions – Strategies for this subregion include improving local capacity to advocate for and develop public housing in the Snoqualmie Valley and building a community center in Skykomish to offer prevention programs and activities for youth.

North Urban – This subregion is using youth-oriented strategies to address priority youth issues, particularly to increase activities designed by youth for youth. Expanding before and after school options is also a strategy.

South Urban – Strategies to address availability of quality, affordable and accessible child care include involving employers, providers, legislators and funders in a strategy team. A second step in this strategy will be to draw more employer and grant funds into child care services.

Seattle – Strategies include working to facilitate transition of immigrants to livable wage jobs and providing adequate social support services for TANF recipients. Strategies to address the need for more adult day care and in-home supports for the elderly are needed. Child care for homeless children and programs to reach and help the most vulnerable children and families are priorities that also need to be addressed.

Health Care to be as Physically and Mentally Fit as Possible

Highlights

“Alcoholism” and “drug abuse” are among the most pressing community problems, ranking 2nd and 3rd. Although ranked among the top ten community problems in all subregions, the rural subregions rated these the highest. In Vashon Island, 47% of the residents rated “drug abuse” as a major or moderate community problem and 46% rated “alcoholism” the same. The other two subregions were similar—East Rural (41% and 45%, respectively) and South Rural (38% and 42%, respectively).

Lack of affordable, comprehensive medical and dental services were also ranked highly as community problems across the county. “Lack of medical care” was ranked as a top ten problem in all subregions except the South Rural and Vashon Island. It was the fourth highest ranked community problem in the North Urban subregion (39% said it was a major or moderate problem). Almost the same percentage of East Rural residents said it was a major or moderate problem (40%), but in that subregion “lack of medical care” ranked only eighth. “Lack of dental care” was a top ten community problem in East Urban and North Urban subregions.

“Mental illness/emotional problems” was not seen as a pressing community problem. An average of 17.5% of the residents in each subregion saw it as a major or moderate community problem. It did not rank in the top ten in any subregion.

Subregional Priorities

Access to medical and dental services was a frequent priority, but drug/alcohol treatment and mental health services were also subregional priorities.

East Urban – The focus in this subregion is to increase medical/dental services for those without adequate insurance.

Rural Subregions – The priority here is on affordable and accessible medical/dental services to rural residents. The intent is to increase community facilities for the provision of health care services.

North Urban – The North Urban planners want to ultimately increase alcohol and drug abuse interventions by first increasing public awareness and addressing the lack of concern and response to substance abuse. Another priority is to increase the availability of affordable dental and health care for low-income, uninsured and medicaid populations. Affordable and accessible health care specifically for youth including mental health, chemical dependency and dental services is another related priority.

South Urban – The priority in this subregion is to improve access to mental health services.

Seattle – Seattle’s priority in this goal area is to increase health care services to uninsured and underinsured medical and dental patients. A particular interest is in health services for low-income populations at risk for diabetes, asthma, heart disease and sexually transmitted diseases. Seattle wants to work with other jurisdictions to increase the number of county subregions that offer a minimum set of culturally and linguistically appropriate health promotion activities. Seattle will participate in the Healthy Aging Partnership to provide information on risks and prevention actions through senior information media. Another priority is health promotion and health

education. The focus will be on increasing assets of youth in school-age health promotion, increased efforts directed to youth tobacco cessation, and decreasing the number of adults providing tobacco to youth in other venues.

Subregional Strategies

East Urban– The local planners agreed to produce a white paper discussing the importance of increasing subsidies for treatment of both mental illness and chemical dependency, two drivers of homelessness. The white paper would be used to convince local electeds and other funders to increase subsidies.

Rural Subregions – The strategy in this goal area is to create incentives for more health services in Snoqualmie Valley. Vashon Island intends to establish alcohol/drug treatment on the island.

North Urban– The North Urban strategy is to educate parents about their role in teen alcohol and drug use. To this end, eastside planners will convene a group of local stakeholders to identify ways to make existing services more accessible for both medical and dental care and expand provider base and services located within the subregion.

South Urban– One strategy is to educate the community about mental health resources and the process for accessing them. A step in this process is educating providers and planners on navigating the mental health system. Planners in this subregion also intend to establish a more equitable funding distribution for mental health services that will ensure greater resources to South County. Establishing a subregional mental health planning body, to include providers, advocates and support systems is a first step in this process.

Seattle – Seattle’s strategies include: address the increasing rates of chronic disease in the aging population in order to reduce associated health costs and improve the health status of the county’s population; decrease loss of ability to live independently by improving health status and reducing disparities in health status for communities of color; promote healthy living conditions and healthy behaviors.

Education and Job Skills to Lead an Independent Life

Highlights

Education and job skills did not appear as a significant problem among the subregions on the telephone surveys. However, a related problem of having jobs available that pay a livable wage ranked as the fourth most important issue on a county-wide basis. It consistently ranked as one of the top ten community problems in all subregions and was most pressing in the Vashon Island (42%), South Urban (41%) and East Rural (41%) subregions. **(NOTE: Seattle was not included in telephone surveys.)**

“Lack of affordable child care” was the tenth most important community problem county-wide. Twenty-nine percent of the residents said it was a major or moderate problem. To the extent that child care is a necessary prerequisite for many parents to gain employment, this is an obstacle to leading an independent life. This problem was ranked highest in the East Urban subregion (5th) and Vashon Island (8th).

Other problems related to education and job skills ranked much lower. “School drop-out” (16th), “poor quality education K-12” (22nd), “unemployment” (31st) and “illiteracy” (34th) were not generally seen as major problems. The exception was “school drop-out” which was seen as a major or moderate community problem by 35% of the East Rural residents who ranked it as the ninth most pressing community problem. Rural community leaders noted that vocational training is not easy to access for rural residents.

Subregional Priorities

Most subregions were interested in increasing the number of residents who have sufficient incomes to remain in the subregion.

East Urban- There were three East Urban priorities related to education and job skills. These were:

1. Support child care subsidies to low-moderate income families.
2. Educate youth about career alternatives outside the typical college-bound track.
3. Reduce cultural, language, and literacy barriers related to employment.

Rural Subregions - In the rural subregions, the specific priorities were to:

1. Partner with others in the development of livable wage jobs.
2. Insure that there is a core of rural services needed for residents to remain in the workforce. This includes child care and care for dependent adults.
3. Increase access to employment and training services that enable residents to secure and maintain livable wage jobs.
4. Prepare youth for the world of work with employment and job preparation experiences as close to their homes as possible.

North Urban - The North Urban subregion’s priority in this goal area was to increase care-giving and family support. This was seen as particularly important for Welfare to Work families.

South Urban - In the South Urban subregion the main focus was on meeting the increasing demand for English as a Second Language (ESL) services. In order for ESL learners to lead an independent life, they must be able to read, write, and speak English well enough to maintain gainful employment.

Seattle - Seattle was interested in creating jobs accessible to low and very low income persons.

Subregional Strategies

East Urban – This subregion had several strategies to improve education and job skills.

1. City of Redmond will initiate a project with local businesses, churches, schools, service providers and other stakeholders to assess how well child care is working locally and to recommend possible new joint projects.
2. King County Child Care Program will work to provide incentives and on-going support to child care providers offering care during non-traditional hours.
3. King County's Work Training Program will work in partnership with Bellevue Community College and Lake Washington Technical College to educate youth enrolled in those institutions about career alternatives outside the college-bound track.
4. DSHS's Eastside Community Services Office, in partnership with Bellevue Community College and Lake Washington Technical College, will work to upgrade job readiness skills for bookkeepers, office assistants, customer assistants and call center operators.
5. DSHS's Eastside Community Services Office will establish a light manufacturing training program in partnership with Bellevue Community College, Shoreline Community College, and Lake Washington Technical College.

Rural subregions – Some rural communities had developed strategies to address education and job skills. Others did not directly address this issue. Those communities with identified strategies were:

Snoqualmie – create a local job information center and create collaborative efforts between cities and county to improve employment and business development programs.

Vashon Island – increase availability of services that support wage earners such as on-island child care, after school child care and adult day care.

Enumclaw Plateau – secure early entry job referral service.

North Urban – This subregion plans to expand opportunities to increase the before and after school options for local families and to work with Hopelink to encourage the expansion of family support work as part of the outreach at Bothell Food Bank.

South Urban – This subregion also has many strategies planned around increasing ESL services.

1. Make ESL learning more accessible at churches, workplaces, non-profit agencies and places where the ESL population congregates.
2. Coordinate with ESL providers to increase public awareness of ESL programs.
3. Support the growing number of cultural services and ESL centers in South King County.
4. Move existing ESL college programs into our communities.
5. Develop an ESL curriculum and teach it in the school classrooms.
6. Establish apprenticeship and mentoring modes for use in the business environment.
7. Support education for employers that promotes increased hiring and retention of ESL employees.

Seattle – Seattle planners stressed the need for wage progression in jobs related to welfare reform and the need for transportation to effectively connect workers with their jobs.

A Safe Haven from all Forms of Violence and Abuse

Highlights

Generally, issues of violence and abuse did not rank particularly high among the subregions on the telephone surveys. Problems of “affordable housing”, “transportation/congestion”, “drug abuse”, well-paying jobs and youth activities were considered more important issues on a county-wide basis. **(NOTE: Seattle not included in telephone surveys.)**

“Domestic violence” was the most highly ranked of the violence/abuse problems. It ranked 13th among all community problems identified by residents county-wide. Twenty-six percent said it was a major or moderate problem. Vashon Island was the subregion to give it the highest community problem ranking (7th) with 35% stating it was a major or moderate problem. It was also a top ten, community problem in the South Rural subregion, where lack of domestic violence services was seen as a serious need.

“Crime and violence” was ranked county-wide as the 17th most pressing community problem. However, the South Urban subregion ranked it as the fifth highest community problem, with 41% saying it was a major or moderate problem. “Child neglect” ranked 23rd and did not vary much among subregions.

“Youth violence” and “gang activities” were in the lowest third of identified community problems. However, “youth violence” did make it as a top ten priority in the South Urban subregion where 31% of the residents saw it as a major or moderate problem. Residents of this same subregion were twice as likely (28%) to consider “gang activities” as a significant problem as the county as a whole (14.3%).

Subregional Priorities

All subregions set domestic violence as the primary focus within the Safe Haven goal area. Some subregions included sexual assault in the scope of their domestic violence priorities. Within this priority, improving information on referral to domestic violence services was one theme that appeared in more than one subregion.

East Urban – The focus within the Safe Havens goal area for the East Urban subregion is improving coordination in the continuum of care for children in families where there is violence (child abuse, sexual abuse and domestic violence).

Rural subregions – These three subregions (East Rural, South Rural, and Vashon Island) are also focusing on domestic violence. They want to increase accessibility to domestic violence services for rural residents without stigma or increased risk. Increasing access includes improved transportation and better information and referral support to domestic violence victims.

North Urban – As with most subregions, the focus is on domestic violence. North Urban planners want to increase the availability and accessibility of domestic violence community and emergency services, and identify options for providing support services to victims and their children.

South Urban – This subregion is exclusively focused on domestic violence. It is advocating a two-pronged effort of increasing service capacity and increasing awareness of domestic violence.

Seattle – Seattle is also focused primarily on domestic violence. Seattle human services planners stressed the need to provide referral information for domestic violence families and to provide services like drop-in anger management before domestic violence occurs. Their approach to this is to encourage service providers to adopt program approaches that reach and help the children and families most in need, continue to strengthen domestic violence services, and provide information and referral for support services, training programs and victim support groups.

Subregional Strategies

East Urban – The strategy within this subregion is to actively support the Seattle-King County Domestic Violence and Child Protective Services Collaboration Project. This project is funded by CSD’s Women’s Program and implemented by the Public Health Department to improve coordination between the domestic violence victim services system and CPS.

Rural subregions – The various rural communities had different strategies to address domestic violence.

Skykomish – offer domestic violence services at the new community center.

Vashon Island – establish transportation and a shelter for domestic violence victims.

Enumclaw Plateau – secure emergency shelter and transitional housing through collaboration of local human service agencies.

North Urban – Plans in this subregion are to create an interdisciplinary collaboration among service providers, police and fire departments to identify and address barriers facing domestic violence victims.

South Urban – This subregion also has many strategies planned:

1. Increase funding (public and private) to domestic violence shelter services in order to add at least six emergency shelter beds in South County.
2. Expand and diversify the number of domestic violence service agencies operating in South County.
3. Build upon and enhance the domestic violence services that the cities and county already have in place by examining effective models in other cities and reconvening the South King County meeting of domestic violence providers, planners and other stakeholders.
4. Provide cell phones, portable alarms and panic buttons to victims.
5. Participate in a new King County domestic violence fatality review panel.
6. Bring more cultural aspects into domestic violence materials.
7. A domestic violence advocate within the legal system to move more to victimless prosecution.

Seattle – There are several strategies planned for addressing domestic violence in this subregion. Seattle plans to work with providers to:

1. Develop an assessment tool for children affected by domestic violence to be used by medical, mental health, and substance abuse professionals.
2. Increase the availability of parenting education programs that address domestic violence.
3. Train workers who have responsibilities to children affected by domestic violence, and involve workers in cross-training efforts.
4. Actively recruit and train natural support persons and extended family members to support children affected by domestic violence.

Conclusions/Interpretations

Over the three years it took to conduct the seven subregional plans, many lessons were learned, in terms of human service priorities across the county but also about what the process accomplished. Summarized below are some of those lessons.

Human Service Priorities

The lack of affordable housing, although not usually considered a “human service”, affects many human services. The increasing affordability gap is forcing more people out of their homes. Low-income families who manage to stay in their homes often forgo other services, health insurance and other basic needs, making them more vulnerable. Because home costs and rents are so high in King County, many employees live in adjoining counties. The difference in job and housing location requires more commuting and more transportation facilities. As people move to more remote locations, service access becomes a greater problem.

Domestic violence is a common priority among all the subregions. Even though domestic violence is not generally perceived by the public as a major problem, within the goal area of A Safe Haven, community leaders are concerned and willing to dedicate resources to this issue.

Diversity is placing demands and strains on service systems. Diversity within King County is growing, racially, ethnically, and culturally. This places additional demands on service providers as they seek to offer culturally appropriate services and outreach to non-English speaking groups. The “one size fits all” service approach is no longer practical in many service areas. This is particularly difficult in the South Urban subregion, which is attracting many new arrivals because of its relatively inexpensive housing.

What the Process Accomplished

As a result of these planning efforts new partnerships have been formed. This benefit to all was quickly evident as information on each subregion’s current issues was shared and discussed from the perspectives of both providers and funders. CSD staff members now attend regular subregional meetings in the community to keep informed on emerging trends. Other King County departments became active participants in developing service strategies.

Existing partnerships have been strengthened. The North Urban Human Services Alliance, which was formed only two years ago, has come together over a common plan. The South King County Human Services Planners group is contemplating several new joint ventures. The East Urban planners, which have been working collaboratively for some time, added new partners to its group to broaden their representation.

The subregional planning findings have informed several other planning efforts. King County’s Housing and Community Development Consolidated Plan drew extensively from the community surveys conducted for the subregional planning process. United Way, a constant partner in the planning process, used information from the community surveys and other sources to inform its Community Assessment. The recently adopted King County Framework Policy for Human Services also used information from the subregional planning efforts and incorporated a requirement that subregional planning continue.

All subregions will benefit from a cogent, broadly supported strategic plan. The most basic accomplishment of the subregional planning process should not be overlooked. Each subregion now has a subregional plan that local partners have agreed to implement. Certainly, many of the identified strategies would have been implemented in any case, but there is tremendous advantage in jointly pursuing common objectives and coordinating resources among municipalities, United Way and King County.

Continuing the Planning

Subregional plans are a continuing part of the Human Services Recommendations Report process. The implementation guidelines specify that there be a Human Services Recommendations Report every three years that must include assessment of current human service activities. The use of King County CX/CJ funds will be assessed against:

- The guidance of the framework policies;
- The results of countywide and subregional assessments of needs and strengths;
- The other resources available to address need; and
- Program evaluation results.

CSD has presented the first of its subregional assessments in this report and in April 2000, issued a report card for the Division, which detailed its 1999 activities and program evaluation reports. Continuation of both of these activities will be necessary to the production of triennial Human Services Recommendations Reports.

The CSD subregional assessment of needs and priorities will be broadened to include other King County divisions and departments using county funds for discretionary human services. The inclusion of other divisions and departments providing human services was an important feature of the planning conducted in the rural subregions. The relative lack of human services infrastructure and the interrelationship of human services and transportation made this joint assessment a particularly important part of rural subregional planning. This approach is consistent with the Framework Policies which encompasses all of the County's involvement in human services beyond just the Community Services Division.

The implementation of the Human Services Recommendations report involves the partnerships that CSD developed while carrying out the subregional planning process. Subregional assessments of needs and priorities helps to maintain the capacity to respond to those needs in a manner that recognizes existing human services infrastructure and honors subregional differences in needs and priorities. Committees of subregion stakeholders, resident surveys, focus groups in the first subregional needs assessment process and the development of service strategies has created partnerships that will benefit the implementation process and the future subregional assessments.

Fulfilling CSD's mission requires continuation of strategic planning that is broader than the subregional planning process. CSD's strategic plan was broader than its subregional planning; it included seven other goals:

1. Improvement of partnerships with other jurisdictions, other County departments, and other human services funders;
2. Using broad issue areas to increase the client/community focus of services;
3. Improving participation of communities and customers in selection of service priorities and in evaluation of service effectiveness;
4. Developing service strategies that increase the abilities of communities and individuals to solve problems themselves;
5. Identifying interventions which have maximum impact in preventing problem development and escalation of problems;
6. Improving integration of services for individual and families with multiple service needs; and
7. Making internal changes within CSD as needed to ensure successful implementation of the plan.

The two goals concerning subregional planning were: 1) use information on subregional needs and priorities to improve service responsiveness and 2) use information about needs and existing services to improve the match between service needs and the accessibility of services.

Further program planning to implement the framework policies and the recommendations in the Human Services Recommendations Report. The discussion draft of the Human Services Recommendations Report focuses the framework policies on specific program areas and provides direction for programming. The direction provided will support CSD in conducting the detailed program planning needed to implement the Report.

For CSD services, implementation of the Human Services Recommendations Report will involve integration goals from non-County funding sources with King County's goals. The challenges will be to insure that funding from both sources supports programming that is consistent with the Framework Policies **and** that is seamless as possible for program providers, participants, and other funders. The Framework Policies for Human Services embraces all county human services activities. The Human Services recommendations report, according to the Implementation Guidelines, will pertain primarily to those discretionary services which the County invests current expense and/or criminal justice funds. CSD services are funded from many sources including US Department of Housing and Urban Development, the Washington State Community, Trade and Economic Development Department; and the King County Workforce Development Council to name just a few. CSD's program planning must insure that the use of funds is within the Framework Policies.

APPENDIX E: Strategic Plan Subregional Summary

Appendix A

List of Subregional Reports

The following is a list of subregional reports and related documents and how to access them. Most documents are available on the internet at: www.metrokc.gov/dchs/csd go to Plans, Reports and Policies page. Paper or electronic versions are available. E-mail maria.ramirez@metrokc.gov or call Maria Ramirez at (206) 296-8679 for a copy.

Subregion	Document and Brief Description	Author(s)
All	<i>Summary of Subregional Priorities for Community Goal Areas included in CSD RFP</i> Lists priorities for all subregions as they relate to the three community goals addressed in the CSD Request for Proposals issued on March 17, 2000.	King County CSD
East Rural, South Rural and Vashon	<i>Strengths and Needs: An Assessment of Housing and Human Services in King County's Rural Subregions</i> Describes the planning effort, profile of the rural subregions, needs and challenges, investment priorities, and draft strategies.	King County CSD and United Way of King County
East Rural, South Rural and Vashon	<i>OVERVIEW: King County's Rural Community</i> Summary of population and housing data for the rural subregions.	King County CSD and United Way of King County
North Urban	<i>Strengths and Needs: An Assessment of Housing and Human Services in King County's North Urban Subregion</i> Describes the planning effort, profile of the subregion, needs and challenges, investment priorities, and draft strategies.	King County, United Way and representatives from North Urban Human Services Alliance (NUHSA)
North Urban	<i>OVERVIEW: King County's North Urban Community</i> Summary of population and housing data for the North Urban subregion.	King County CSD, United Way of King County and North Urban Human Services Alliance (NUHSA)

East Urban	<p><i>Results from the East Urban Subregion</i></p> <p>Presents a profile of the East Urban subregion and describes the subregion's investment priorities for human services.</p>	King County CSD, United Way of King County, Eastside Human Services Alliance, DSHS, Partnership for a Health Community and all East Urban cities
Subregion	Document and Brief Description	Author(s)
South Urban	<p><i>DRAFT:</i> <i>Building Health and Human Services in South King County: A Business Plan for Our Community, 2001-2002</i></p> <p>Case Statements for South Urban human service priorities within each of the five Community Goals.</p>	King County CSD in conjunction with the South King County Human Service Planners
Seattle	<p><i>Priorities for the Seattle Subregion</i></p> <p>Human service need areas, objectives and priorities.</p>	King County CSD
Seattle	<p><i>OVERVIEW: King County's Seattle Community</i></p> <p>Summary of population and housing data.</p>	King County CSD
All	<p><i>Youth Needs and Priorities in King County</i></p> <p><i>Subregional Summaries</i></p>	King County CSD

APPENDIX E: Strategic Plan Subregional Summary

Appendix B

Subregions:

Definitions by School Districts

Seattle - Seattle School District

minus the small area in the south end that is in the Seattle School District but not in the Seattle City Limits

North Urban - Northshore and Shoreline School Districts

plus the small part of Woodinville that is in the Lake Washington School District

East Urban - Bellevue, Issaquah, Lake Washington, and Mercer Island School Districts **plus** the part of the City of Newcastle that is in the Renton School District **plus** the part of the City of Bellevue that is in the Renton School District **minus** the small part of the Lake Washington School District that is within Woodinville city limits

East Rural - Riverview, Skykomish, and Snoqualmie School Districts

South Urban - Auburn, Federal Way, Highline, Kent, Renton, and Tukwila School Districts

minus the part of Newcastle that is in the Renton School District

plus the small area of the Seattle School District that is **not** in the Seattle City limits

South Rural - Enumclaw and Tahoma School Districts

Vashon Island - Vashon Island School District

Subregional Populations – 1999 Estimates

<u>City or Unincorporated Area</u>	<u>Population</u>	<u>Notes</u>
<u>East Rural</u>	38,090	
Carnation	1,785	
Duvall	4,435	
North Bend	3,815	
Skykomish	275	
Snoqualmie	1,980	
UA Snoqualmie Valley	25,800	includes very small, unknown South Rural population
<u>East Urban</u>	344,605	
Beaux Arts	289	
Bellevue	106,200	
Clyde Hill	2,883	
Hunts Point	472	
Issaquah	10,130	
Kirkland	44,860	
Medina	2,940	
Mercer Island	21,570	
Newcastle	8,605	
Redmond	43,610	
Sammamish	28,400	
Yarrow Point	980	
UA Bear Creek	13,200	1/2 that is not in North Urban
UA East Sammamish	15,100	Sammamish Plateau minus City of Sammamish 1998 pop.
UA Newcastle	14,750	1/2 that is not in South Urban
UA Northshore	24,016	1/2 that is not in North County - Juanita, Kingsgate and north of Kirkland
UA Tahoma/Raven Heights	6,600	1/4 that is not in South Rural or South Urban - includes area south of Issaquah
<u>North Urban</u>	147,104	
Bothell	14,500	King County portion
Kenmore	17,168	1998 population
Lake Forest Park	13,040	
Shoreline	52,030	
Woodinville	10,250	
UA Bear Creek	13,200	1/2 that is not in East Urban
UA Northshore	24,016	1/2 that is not in East Urban, divide in half after subtracting the Kenmore population, includes east of Woodinville
UA Shoreline	2,900	unincorporated areas between Shoreline and Lake Forest Park
<u>Seattle</u>	540,500	
Seattle	540,500	
<u>South Rural</u>	54,105	
Black Diamond	3,825	
Enumclaw	10,740	

<u>City or Unincorporated Area</u>	<u>Population</u>	<u>Notes</u>
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Maple Valley	12,540	
UA Enumclaw	13,800	includes a small, unknown South Urban pop just west of Auburn
UA Tahoma/Raven Heights	13,200	1/2 that is not in East Urban or South Urban

<u>South Urban</u>	539,880	
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Algona	2,110	
Auburn	38,980	
Burien	29,770	
Covington	13,010	
Des Moines	27,160	
Federal Way	76,910	
Kent	73,060	
Milton	895	King County portion only
Normandy Park	7,035	
Pacific	5,470	Annexed into Pierce Co. in 1995
Renton	47,620	
SeaTac	23,570	
Tukwila	14,840	
UA Federal Way/Southwest	27,800	area north and east of Federal Way
UA Highline	47,700	White Center, West Hill & pocket near Normandy Park
UA Newcastle	14,750	1/2 that is not in East Urban
UA Soos Creek	82,600	area east of Kent minus Covington population
UA Tahoma/Raven Heights	6,600	1/4 that is not in East Urban or South Rural - includes area west of Black Diamond

<u>Vashon Island</u>	10,600	
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UA Vashon	10,600	includes all of Vashon and Maury islands
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Total Unincorporated	356,632	
Total Population	1,674,884	

Appendix C

Priorities by Subregion

NOTE: Priorities were drawn from each subregion's independently produced report. Therefore, there is no consistency in format between one subregion's list of priorities and another's.

EAST URBAN SUBREGION INVESTMENT PRIORITIES FOR HUMAN SERVICES*

Community Needs Priority	Community Needs Priority	Community Needs Priority	Community Needs Priority
Housing and related services for special needs residents where these are necessary to avoid institutional settings.	Basic needs and survival services including transitional settings for homeless of all ages.	Employment support work force development, including child care.	Strengthening families including prevention and reduction of family dysfunction and support for youth.
<i>Related United Way Goal: Health and Independent Living</i>	<i>Related United Way Goal: Basic Needs, Health and Independent Living</i>	<i>Related United Way Goal: Economic Self-Sufficiency</i>	<i>Related United Way Goal: Supportive Relationships in Families and Communities, Safe, Secure Families and Communities</i>
<i>Related Strategic Plan Issue Area: Increasing Family Stability</i>	<i>Related Strategic Plan Issue Area: Strengthening Communities Increasing Family Stability</i>	<i>Related Strategic Plan Issue Area: Strengthening Communities Increasing Family Stability</i>	<i>Related Strategic Plan Issue Area: Promoting Youth Success Increasing Family Stability Reducing Community Violence</i>
East Urban Investment Priority	East Urban Investment Priority	East Urban Investment Priority	East Urban Investment Priority
<ul style="list-style-type: none"> • Improve ability for the frail, elderly, disabled residents of all ages and other specialized populations to live as independently as their circumstances permit. 	<ul style="list-style-type: none"> • Improve ability of individuals and families (especially youth, pregnant and parenting teens, victims of domestic violence) to remain in the East Urban subregion prior to re-establishing permanent/independent living arrangements. • Increase availability of basic survival services, including food and shelter, to all residents requiring these services. • Increase medical/dental services for those without adequate insurance, and legal assistance related to basic needs and survival is available in the East Urban subregion. 	<ul style="list-style-type: none"> • Improve education and training opportunities to prepare East Urban residents for family wage employment, to acquire skills to re-enter the workforce, and to improve current job skills. • Increase ability of working families in the East Urban subregion to accept and retain employment of choice without moving for lack of transportation or affordable housing. • Increase availability of affordable, accessible, and quality child care for working families in the East Urban subregion. • Reduce cultural, language and literacy barriers related to employment. 	<ul style="list-style-type: none"> • Improve access for youth and families within the East Urban subregion to support, assistance and treatment in building strong family relationships and in resolving family issues, including family violence, mental illness, drug and alcohol abuse, sexual identity and reproductive issues. • Improve access to information and skill-building around family relationships, health, drugs, alcohol, sexual identity and reproductive issues which is free of stigma.

* Identification of a community needs priority does not mean that there is not work being done in the area. Many successful, effective service strategies are currently in place and funders are committed to maintaining existing service systems that provide critical services. The listed investment strategies represent possible new directions and initiatives in human services funding in the East Urban subregion. Among the systems to be maintained are: domestic violence victim services, youth and family services, sexual assault services, senior services, housing services, refugee services and veteran services.

EAST URBAN INVESTMENT PRIORITIES (continued)

Community Needs Priority	Community Needs Priority	Community Needs Priority	Community Needs Priority
Housing and related services for special needs residents where these are necessary to avoid institutional settings.	Basic needs and survival services including transitional settings for homeless of all ages.	Employment support work force development, including child care.	Strengthening families including reduction of family dysfunction and support for youth.
<i>Suggested Investment Strategies</i>	<i>Suggested Investment Strategies</i>	<i>Suggested Investment Strategies</i>	<i>Suggested Investment Strategies</i>
<ul style="list-style-type: none"> ◆ Nutrition programs that serve currently under-served populations in a culturally sensitive manner. ◆ Services to decrease isolation of homebound disabled and elderly populations including those who cannot participate in congregate programs. ◆ Transportation options to target unmet needs of elderly and disabled populations. ◆ Assisted living facilities that are available to Medicaid eligible seniors and disabled. ◆ Respite care for caregivers of the elderly, and the physically and developmentally disabled. ◆ Better collaboration between mainstream providers and culturally specific providers. 	<ul style="list-style-type: none"> ◆ Screening and intake for multiple services at central locations which provide basic services such as food or shelter to homeless populations. ◆ Services for the homeless that are culturally competent. ◆ Transitional group living facilities for youth 17-21 years old. ◆ Emergency shelter for families and youth. ◆ Homeless prevention services. ◆ Visibility and awareness of legal services for those who are homeless, at risk of homelessness and in need of legal assistance to receive or retain basic needs and survival services. ◆ Collaboration and cooperation in delivery of basic needs and survival services. ◆ Use of case management models for homeless populations. 	<ul style="list-style-type: none"> ◆ Employment and training opportunities which increase skills to advance in workforce. ◆ Amendment of work-first rules and funding of child care to enable welfare to work recipients to get family wage jobs. ◆ Education of youth about non-college career opportunities. ◆ Transportation options for low and moderate income families to major employment centers, child care, and other essential employment related needs. ◆ Promotion of family wage jobs. ◆ Increased income limit for child care subsidies and promotion of affordable child care services. ◆ ESL/VESL/literacy work force training programs, including employer-based literacy alliances. ◆ Availability of non-traditional child care (e.g., expanded hours, sick child, special needs, and culturally competent). ◆ Assistance to families having difficulty in locating child care. 	<ul style="list-style-type: none"> ◆ Prevention efforts for youth and families in eastside communities and schools, including family support such as Healthy Start. ◆ Advocacy and support services for sexual minority youth. ◆ Increased access for children, youth, adults and families to treatment services, such as: substance abuse treatment, mental health services, and especially in-patient treatment for youth. ◆ Capacity of volunteer mentoring programs. ◆ Respite care services for families in crisis. ◆ Availability on the eastside of 24 hour in-person professional, culturally competent assistance for youth and families in crisis. ◆ A comprehensive and coordinated continuum of care services that respond to child abuse and neglect, domestic violence where children are involved, and sexual abuse within families. ◆ Availability and accessibility of parent education opportunities. ◆ Availability of programs using asset building principles and family support models. ◆ Development and support of programs that promote cultural sensitivity and tolerance among eastside youth. ◆ Promote collaboration between schools and non-school activities for youth.

APPENDIX E: Strategic Plan Subregional Summary

North Urban Human Services Priorities

Community Goal	Investment Priority	Strategies
All Community Goals	Access to Services <ul style="list-style-type: none">• Transportation• Decrease language and cultural barriers	
All Community Goals	Adequacy of Funding <ul style="list-style-type: none">• Improve the coordination of funding streams for human services.• Increase the number of services and providers that are based in the North Urban sub-region rather than in Seattle, South Snohomish County and other parts of the region.	<ul style="list-style-type: none">• Approach United Way for an increased share of allocations.• Convene meeting with DSHS to discuss means to improve service access across city/county boundaries and at reasonable locations and times.
Supportive Relationships within families, communities, and neighborhoods	Youth Communities Services/Activities <ul style="list-style-type: none">• Increase the availability and accessibility of affordable youth activities and involvement opportunities.• Provide educational and informative health and wellness programs designed specifically for youth.	<ul style="list-style-type: none">• Convene meetings of community leaders and government officials in each school district to prioritize youth issues.• Convene meeting of facilities owners and service providers to consider ways of increasing youth activities at facilities.• Open up libraries and gym in Northshore Jr. High and High Schools. Contract with YMCA, etc. to provide services. Youth plan and design programs.
Supportive Relationships within families, communities, and neighborhoods	Caregiving and Family Support <ul style="list-style-type: none">• Improve the quality, location, and affordability of child care for low income families.• Expand the family support services for families with young children.• Increase local supports for elderly in their own homes and for family caregivers.	<ul style="list-style-type: none">• Expand opportunities to increase the before and after school options for local families.• Work with Hopelink to encourage the expansion of family support work as part of the outreach at the Bothell Food Bank.

Community Goal	Investment Priority	Strategies
Food to eat and a roof overhead	Emergency Shelter/Basic Needs Services <ul style="list-style-type: none"> • Increase capacity in emergency housing for all populations. • Increase capacity of transitional housing and transitional living programs. • Increase publicly funded housing in the Northshore S.D. • Increase access to emergency food services in Shoreline S. D. • Increase availability of emergency utility and rental assistance. • Increase coordination of basic needs services. 	<ul style="list-style-type: none"> • Expand food bank services (locations and hours) and implement hot meal program.
Health care to be as physically and mentally fit as possible	Alcohol & Drug Interventions <ul style="list-style-type: none"> • Increase public awareness of specific issues and service needs. • Address lack of concern and response to substance abuse issues. • Identify best practices to determine the potential of existing and new services to be successful. 	<ul style="list-style-type: none"> • Educate parents about role in teen alcohol and drug use to address mixed messages. • Increase availability of training for youth in coping skills, social skills, well being, and refusal.
A safe haven from all forms of violence and abuse	Domestic Violence <ul style="list-style-type: none"> • Increase the availability and accessibility of domestic violence community and emergency services.. • Identify options for providing support services to victims and their children including access to employment, transitional and permanent housing, skills training and education. 	<ul style="list-style-type: none"> • Create interdisciplinary collaboration among service providers, police and fire departments to find solutions to barriers facing DV victims.
Food to eat and a roof overhead	Affordable Housing <ul style="list-style-type: none"> • Maintain stock of low-income rental housing. • Increase the stock of affordable housing. • Encourage and support home ownership opportunities for low-income and working poor. • Preserve and increase housing for the elderly and persons with disabilities. 	<ul style="list-style-type: none"> • Convene developers, County, non-profits, cities, churches to develop strategy.
Health care to be as physically and mentally fit as possible	Accessible Dental and Health Care <ul style="list-style-type: none"> • Increase the availability of affordable dental and health care for low income, uninsured and medicaid populations. • Provide affordable and accessible health care specifically for youth including mental health, chemical dependency and dental services. 	<ul style="list-style-type: none"> • Convene a group of local stakeholders to identify ways to a) make existing services more accessible for both medical and dental care, b) expand provider base and services located within the subregion.

Investment Priorities for the Rural Subregions

Affordable Housing/Basic Needs

GOAL

Increase availability of affordable housing and related services that allow current residents and their families to continue to live in their communities.

PRIORITIES

Increase number of residents able to find rentals or homes to purchase in their communities.

Increase housing and services available to enable seniors and persons with disabilities to remain in their communities.

Provide services to prevent homelessness in rural communities.

Improve access for homeless and low income residents to basic needs services including food, clothing, income support, and emergency and transitional housing.

Affordable & Accessible Medical/Dental Services

GOAL

Improve availability of medical/dental and related health care services where proximity increases effectiveness

PRIORITIES

Increase accessibility of health care and health care related services to rural residents

Explore incentives for provision of health care services in rural areas.

Increase use of community facilities for provision of health care services.

Youth Activities

GOAL

Increase availability of prevention services and activities which promote positive life choices for youth.

PRIORITIES

Increase availability of information and programs to promote positive behaviors and prevent negative behaviors such as smoking, drug use, dating violence, and criminal behavior.

Increase availability of community interventions for second chance youth including school dropouts, substance abusers, and juvenile justice involved youth.

Increase availability of positive activities, including expanded recreation activities for youth.

Livable Wages

GOAL

Increase the number of residents who have sufficient incomes to continue to live in the rural subregions.

PRIORITIES

Partner with others in the development of livable wage jobs through provision of employment and training and social supports.

Insure that there is a core of rural services needed for residents to remain in the workforce. This includes child care and care for dependent adults.

Increase access to employment and training services that enable residents to secure and maintain livable wage jobs.

Prepare youth for the world of work with employment and job preparations experiences as close to their homes as feasible.

Investment Priorities for the Rural Subregions (continued)

Transportation Barriers

GOAL

Alcohol/Drug Treatment and Prevention

GOAL

Domestic Violence Services

GOAL

Increase access to jobs and services within rural communities and improve the access of individuals to jobs and services that are outside of the rural communities.

PRIORITIES

Bring more services to the rural areas: satellite offices for employment services, income support services, etc.

Establish screening/intake in rural areas for regional services where it is not cost effective to establish satellite services.

Improve communications between local human service agencies and services in other parts of the county.

Improve transportation, both public and private to needed services where location in the community is not cost effective.

Increase availability of alcohol and drug treatment and substance abuse prevention activities.

PRIORITIES`

Improve outreach and services to residents with drug/alcohol issues.

Increase activities and related transportation that breaks down the sense of isolation among rural residents and which reduce other risks for substance abuse.

Increase availability and range of treatment options available to substance abusers in rural areas and increase support for those in recovery.

Increase accessibility of domestic violence community and emergency services to rural residents without creation of stigma and/or increased risk to victims and their children.

PRIORITIES

Create safe access to anonymous and secure sites for victims and improve transportation support for those who must leave their homes quickly.

Increase accessibility of services and information that support positive behaviors in order to prevent and to address the needs of victims and perpetrators of domestic violence with minimal stigma of community identification.

Provide information and referral support to those who are seen as the primary providers of information on domestic violence and available services.

SEATTLE SUBREGIONAL PRIORITIES

GOAL: FOOD TO EAT AND A ROOF OVERHEAD

Need Area	Priorities	Objectives
<p>Affordable Housing</p> <p><i>Reviewers portrayed affordable housing as one of a set of services necessary for low-income families. One used the term permanency services to suggest a parallel with the range of services needed for permanent placement of children in care.</i></p>	<ul style="list-style-type: none"> • Assist homeless persons to obtain affordable housing • Retain affordable housing stock • Increase the availability of permanent housing that is affordable to low-income persons without discrimination • Increase supportive housing that includes structural features and services to enable persons with special needs to live in dignity • Increase the length of time adults with functional limitations are able to stay in their homes without the need for higher levels of care • Assist senior households spending more than 30% of their income on housing 	<ul style="list-style-type: none"> • Strengthen the transition to stable permanent housing by expanding case management, supportive services and alternative shelter option for homeless people, especially families with children, victims of domestic violence, youth and limited English speaking persons. • Increase the length of time adults with functional limitations are able to stay in their homes without the need for higher levels of care.
<p>Basic Needs</p> <p><i>Reviewers asked for a specific reference to services for homeless youth as a significant regional issue. Specifically it was pointed out that the current focus is on shelter but a follow-up network to connect youth back to their families or to transitional and permanent housing is needed also.</i></p>	<ul style="list-style-type: none"> • Prevent homelessness • Provide food to low-income persons 	<ul style="list-style-type: none"> • Provide homelessness prevention services and focus efforts on domestic violence-related homelessness. • Provide homeless people with day services or shelter. • Distribute staple foods and essential non-food items to food banks and meal programs. • Work with service providers and other funders to assure that adequate emergency food assistance is maintained through the existing channels including food banks, congregate food programs, and senior nutrition programs – and to assure that culturally appropriate alternative meal services are integrated into the existing food assistance network.

GOAL: SUPPORTIVE RELATIONSHIPS WITHIN FAMILIES, COMMUNITIES AND NEIGHBORHOODS

Need Area	Priorities	Objectives
<p>Access to Services</p> <p><i>Reviewers stressed the importance of access to services and the need for collaboration among service providers and the need for expanded referral and resource services.</i></p>	<ul style="list-style-type: none"> • Increase access to quality facilities and services • Strengthen the capacity of organizations to provide services to their community 	<ul style="list-style-type: none"> • Provide support to coalitions, which advocate for low-income housing and human service programs. • Assure that there are adequate social support services (e.g., housing assistance, food assistance, and access to health care, transportation and childcare assistance) for TANF recipients who are trying to transition from welfare to work and manage a household. • Work with planning, funding and service delivery partners to assure that there is an adequate system for refugee support services in Seattle – to help facilitate the transition of immigrants to livable wage jobs from welfare to work and manage a household. • Continue to support service providers that are addressing the needs of people with literacy, learning disability, developmental disability, and physical disability issues they can achieve and sustain active, self-sufficient lives.

GOAL: SUPPORTIVE RELATIONSHIPS WITHIN FAMILIES, COMMUNITIES AND NEIGHBORHOODS, continued

Need Area	Priorities	Objectives
<p>Aging Programs</p> <p><i>Reviewers cited the need for more adult day care and in-home supports for the elderly.</i></p>	<ul style="list-style-type: none"> • Increase supports available to families who continue to provide the bulk of long term care for elderly 	<ul style="list-style-type: none"> • Increase the information received by the elderly and their caregivers to guide long term care choices. • Seek resources to implement training for financial, retirement and long term care planning for older adults and caregivers. • Advocate for increased Federal Older Americans Act funds for family caregiver support, counseling and peer support. • Strengthen capacity for what will continue to be a growing demand for structured, culturally appropriate adult day-care and social support services for seniors over 75.
<p>Child Care</p> <p><i>Reviewers cited the need for additional childcare availability and after school programs.</i></p>	<ul style="list-style-type: none"> • Strengthen childcare and child development for children and their families • Strengthen families and promote success for all children 	<ul style="list-style-type: none"> • Provide families with child care subsidies. • Provide child care services to children, including homeless children • Strengthen capacity for and quality of structured, accessible childcare for infants and school age children.

GOAL: SUPPORTIVE RELATIONSHIPS WITHIN FAMILIES, COMMUNITIES AND NEIGHBORHOODS, continued

Need Area	Priorities	Objectives
<p>Youth and Family Services</p> <p><i>Reviewers were concerned with the need for more resource and referrals for families that are experiencing stress, and had a specific concern with resources for male parents.</i></p>	<ul style="list-style-type: none"> • Increase the ability of youth to become self-sufficient adults • Engage all youth in structured, positive activities • Ensure that all students remain motivated and committed to school and learning • Promote caring and supportive school environments • Ensure that all children enter school ready to learn 	<ul style="list-style-type: none"> • Provide outreach, counseling, shelter or housing for homeless youth. • Provide youth and their families with counseling services. • Provide at-risk youth with case management services to reduce criminal activities or at-risk behavior such as truancy, substance, physical or sexual abuse. • Early care and education programs and their funders will adopt service delivery approaches that promote readiness to learn. • Service providers will adopt program approaches that reach and help the most vulnerable children and families. • Expand adult mentoring efforts for teens that have had, are having encounters with the juvenile justice/detention system.

GOAL: A SAFE HAVEN FROM ALL FORMS OF VIOLENCE AND ABUSE

Need Area	Priorities	Objectives
<p>Domestic Violence/Sexual Assault Services</p> <p><i>Reviewers stressed the need to provide referral information for families experiencing stress and to provide services like drop-in anger management before domestic violence occurs.</i></p>	<ul style="list-style-type: none"> • Prevent violence • Strengthen the ability of all families to nurture, support and guide their children • Provide shelter support to victims of domestic violence 	<ul style="list-style-type: none"> • Service providers will adopt program approaches that reach and help the children and families most in need by: <ul style="list-style-type: none"> • Developing an assessment tool for children affected by domestic violence to be used by medical, mental health, and substance abuse professionals. • Increasing the availability of parenting education programs that address domestic violence. • Training workers who have responsibilities to children affected by domestic violence, and involves workers in cross-training efforts. • Actively recruiting and training natural support persons and extended family members to support children affected by domestic violence. • Continue to strengthen domestic violence and sexual assault prevention and services. • Provide information and referral, legal, medical and financial advocacy services, training and education programs and support groups to victims of sexual assault.

GOAL: HEALTH CARE TO BE AS PHYSICALLY AND MENTALLY FIT AS POSSIBLE

Need Area	Priorities	Objectives
<p>Accessible Health Care</p> <p><i>Reviewers stressed the lack of affordable, comprehensive dental services for the low income.</i></p>	<ul style="list-style-type: none"> • Sustain and strengthen the community-based health services and long-term care safety net • Improve access to health and long-term services • Improve the ability of people to maintain daily activities despite the presence of physical and mental barriers by assisting people to attain the greatest financial independence possible • Address increasing rates of chronic disease in the aging population in order to reduce associated health costs and improve the health status of the county's population • Increase availability of primary medical and dental health services to high risk, low income and un- or under-insured people many of whom do not speak English 	<ul style="list-style-type: none"> • Provide health care services to uninsured medical patients and uninsured dental patients. • Provide supportive services to low-income persons who are deaf, deaf-blind or hard of hearing. • Work with other Safety Net providers and area health care institutions to leverage resources for a full array of services needed by the uninsured and underinsured. • Improve access to health and preventative health services for school age youth, particularly for those at high risk. • Deliver prevention interventions that reduce risky behaviors, improving health and academic achievement. • Provide Health services and consequently interpretation services to non-English speaking immigrants and refugees. • Strengthen screening and primary care treatment for low-income populations particularly those at risk for diabetes, asthma, heart disease and sexually transmitted diseases. • Expand access to mental health screening and treatment and dental care, especially for at-risk, low-income populations. • Strengthen health maintenance services for the elderly that will permit them to maintain their independence and activities of daily living as long as they desire.

GOAL: HEALTH CARE TO BE AS PHYSICALLY AND MENTALLY FIT AS POSSIBLE, continued

Need Area	Priorities	Objectives
<p>Chronic Disease Prevention</p> <p><i>No reviewer comments in this area.</i></p>	<ul style="list-style-type: none"> • Address increasing rates of chronic disease in the aging population in order to reduce associated health costs and improve the health status of the county's population • Reduce rates of illness and disability due to chronic illness by reducing risk factors through lifestyle change, injury prevention, physical activity and improved access to primary health care • Decrease loss of ability to live independently by improving health status and reducing disparities in health status for communities of color 	<ul style="list-style-type: none"> • Identify new revenue sources in order to fund prevention programs and targeted interventions focusing on chronic diseases. • Implement innovative interventions that reduce chronic disease disparities such as the African American death rate from diabetes. • Increase the number of county subregions that offer a minimum set of culturally and linguistically appropriate health promotion activities. • Participate in Health Aging Partnership (King County initiator) to provide information on risks and preventive actions through senior information media. <ul style="list-style-type: none"> • Expand research-based health promotion activities countywide. • Use proven programs to meet cultural as well as health needs of ethnic/minority elders. • Raise public awareness. • Provide intensive outreach to new refugees.
<p>Health Promotion and Health Education</p> <p><i>Reviewers stressed the need for information on pregnancy and parenting to reach young males.</i></p>	<ul style="list-style-type: none"> • Improve the health status of the community and reduce health care costs • Promote healthy living conditions and healthy behaviors 	<ul style="list-style-type: none"> • Assure availability of nutritious food and mobilize the community to improve their diet • Promote increased physical activity to reduce rates of depression and other chronic diseases. • Focus on assets of youth in school-age health promotion. • Increase efforts directed to youth tobacco cessation, and decrease the number of adults providing tobacco to youth in other venues.

GOAL: THE EDUCATION AND JOB SKILLS TO LEAD TO AN INDEPENDENT LIFE

Need Area	Priorities	Objectives
Employment <i>Reviewers stressed the need for wage progression in jobs related to welfare reform and the need for transportation to effectively connect communities with workers with those with jobs.</i>	<ul style="list-style-type: none">• Create jobs accessible to low- and very low-income persons	<ul style="list-style-type: none">• Place job seekers in livable wage jobs.

South Urban Human Services Priorities

Community Goal	Priorities	Objectives
Food to eat and a roof overhead	<ul style="list-style-type: none"> • Increase the uniformity in quality and quantity of food bank services throughout all of South King County. 	<ul style="list-style-type: none"> • The South King County Food Bank Coalition will work with South King County planners to convene all the food banks and food distributors in order to establish common procedures and practices. • Increase the capacity of food banks that are stretched to the limit by offering incentives for collaborative efforts.
Supportive Relationships within families, communities, and neighborhoods	<ul style="list-style-type: none"> • Increase the availability of quality affordable child care. 	<ul style="list-style-type: none"> • Increase the involvement of employers in developing and implementing child care options. • Assist providers in becoming connected and forming networks. • Increase the awareness among providers and jurisdictions of funding opportunities. • Review the potential of developing child care centers in South King County. • Support legislation to require licensing of all child care facilities including school based centers.
A safe haven from all forms of violence and abuse	<ul style="list-style-type: none"> • Increase domestic violence services in the South County. • Increase the awareness of domestic violence. 	<ul style="list-style-type: none"> • Add at least six emergency shelter beds in South County. • Expand and diversify the number of domestic violence service agencies operating in South County. • Build upon and enhance the domestic violence services that the cities and County already have in place, including churches, judges, prosecutors, and task forces. • Increase services for children who are abuse or witness abuse. • Increase safety of victims. • Make domestic violence violations equal to drunk driving. • Increase education about domestic violence throughout cultural groups. • Establish victimless prosecution for domestic violence crimes in South County courts.

Community Goal	Priorities	Objectives
Health care to be as physically and mentally fit as possible	<ul style="list-style-type: none"> • Increase access to mental health services for South King County residents. 	<ul style="list-style-type: none"> • Educate community about mental health, mental health resources (including entitlement programs and insurance benefits), and process for accessing. • Educate providers and planners on navigating the mental health system. • Establish a more equitable funding distribution for mental health services that will ensure greater resource to South County. • Establish a subregional mental health planning body, to include providers, advocates and support systems.
Education and job skills to lead an independent life	<ul style="list-style-type: none"> • Increase basic ESL skills. • Increase individual employability and job readiness for ESL learners. 	<ul style="list-style-type: none"> • Generate more targeted awareness for existing ESL programs to those who need the services, as well as to government, agencies, businesses and potential volunteers. • Increase cultural relevant services and access to literacy and ESL programs. • Reach children who need ESL services through the school system. • Promote job readiness programs that will increase employability. • Increase the involvement of employers.